

Foster Family Home - Corrective Action Report

Provider ID: 1-170068

Home Name: Meryll Kathleen V. Dadulla,
CNA

Review ID: 1-170068-4

94-1285 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/10/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspections with all items due to CTA by 4/10/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN for CG#2 lapsed on 10/10/19 and renewed on 11/6/19; HHM#2 lapsed on 2/1/20 and no renewal seen in home binder; and HHM#3 lapsed on 1/31/2020 and renewed on 2/27/2020.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancy noted on Client #2- one medication does not match the label when compared with the Medication Administration Record and MD order.

Maribel Nakamine, M
Compliance Manager

Chad Duly
Primary Care Giver

3/10/2020
Date

03/10/20
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Meryll Kathleen V. Dadulla

CCFFH Address: 94-1285 Huakai St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	CG#1 showed CTA Compliance Manager the current APS/CAN for CG#2 and HHM#3 during home inspection. Documents were filed in home binder. HHM#2 obtained a current APS/CAN and resulted green light determination. Document was filed in home binder.	3/10/20 3/23/20	CG#1 will utilize an iPhone calendar to schedule due dates 2-3 months in advance to prevent future lapse.
54.(c)(5)	CG#1 contacted MD, CMRN, Pharmacy and clarified medication dosage.	3/23/20	CG#1 and all Caregivers will check label of medication to ensure they all match with the MD order. If anything is different, contact MD, CMRN.

Primary Caregiver's Signature: _____

Print Name: MERYLL KATHLEEN DADULLA

Date of Signature: 03/25/20